

## Weekly Facility Inspection Checklist

Inspection for the week of \_\_\_\_\_

### Accumulation

- \_\_\_\_\_ Are all drums and containers marked with hazardous waste label?
- \_\_\_\_\_ Are all drums and containers marked with a risk label, if appropriate?
- \_\_\_\_\_ Are all drums marked with the accumulation start date?
- \_\_\_\_\_ Are there any drums that are near or have exceeded the 90/180 day timeframe?
- \_\_\_\_\_ Are all drums marked with a proper waste code(s)?
- \_\_\_\_\_ Are all containers closed?
- \_\_\_\_\_ Are all drum labels visible and readable?
- \_\_\_\_\_ Are all drums and containers in good condition?
- \_\_\_\_\_ Is there 30 inches of aisle space between rows of containers?
- \_\_\_\_\_ Are any drums leaking?

### Sumps

- \_\_\_\_\_ Are sumps clean and free of contamination, spills, leaks, and standing water?

### Safety Equipment

- \_\_\_\_\_ Are fire extinguishes charged?
- \_\_\_\_\_ Are spill kits stocked?
- \_\_\_\_\_ Is the first aid cabinet stocked?
- \_\_\_\_\_ Is the emergency shower and eye wash station functioning properly?
- \_\_\_\_\_ Are the emergency communication devices operating properly?
- \_\_\_\_\_ Is emergency response information posted near all communication devices?

### Secondary Containment

- \_\_\_\_\_ Is the secondary containment free of cracks or other failures?

### Comments:

Describe the actions that you took to correct the deficiencies noted above, and the date the actions were taken \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_